

## INSTRUCTIONS:

- Mail completed form and fee(s) to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
- Make certified checks, cashier's checks, money orders, or personal checks payable to the Board of Psychology.
- Failure to complete any portion of this reactivation application will result in processing delays.
- Please print or type your information into the blank fields. Illegible applications will be returned.
- License reactivation takes approximately 4–6 weeks to complete.
- **Send the Board your course certificates with your reactivation.**

**LICENSEE NAME:** \_\_\_\_\_ **LICENSE NUMBER:** PSY \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **EMAIL ADDRESS (if any):** \_\_\_\_\_

Fee due equals \$19.17 for each month, or portion of any month, remaining in the license cycle (from the postmark date) + \$10.00. For example, reactivation documentation (application, payment, and continuing education certificates) postmarked in January, expiration date of April 30 = 4 months x \$19.17 = \$76.68 + \$10.00 = \$86.68.

Postmark month of reactivation documents: \_\_\_\_\_

Number of months remaining in license cycle (including postmark month): \_\_\_\_\_

x \_\_\_\_\_ \$19.17

Subtotal: \_\_\_\_\_

+ \_\_\_\_\_ \$10.00

Total Due: \_\_\_\_\_

**CONTINUING EDUCATION:** I completed \_\_\_\_\_ hours of approved continuing education within the preceding 24 months.

Yes\* No

**CONVICTION/DISCIPLINE:** Since you last renewed your license, omitting traffic infractions under \$500.00 not involving alcohol, a dangerous drug, or a controlled substance, have you been convicted of any violations of law in this or any other state, the United States or its territories, military court, or other county, or have you been disciplined by a government agency or other disciplinary body 16 CCR § 1381.7(c)?

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*\* If you answer yes to the conviction question, please send certified copies of the court records to the address above.*

**LAW AND ETHICS REQUIREMENT:** Have you obtained training in the subject of laws and ethics, as they apply to the practice of psychology in California 16 CCR § 1397.61(b)?

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**FINGERPRINT REQUIREMENT:** Have you submitted a full set of fingerprints to the Board for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the United States Federal Bureau of Investigation 16 CCR § 1381.7(b)?

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I swear under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form are true, complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Collection and Use of Personal Information**

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act. The California Board of Psychology uses this information to follow up on your complaint.

**Access to Your Information**

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

**Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information**

For questions about this notice or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).